1. PLACE OF DEAT pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How tong in U.S. it of toreign birth? \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ statement PHYSICIAN (a) Residence: No. 73 RECORD. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) married (Day) (Month) 5a. It married, widowed, or divorce HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Week 8. . . . . . 19 properl 7. AGE Months Days If LESS than I day, .....hrs. 26 The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Frade, profession, or particular NO. kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, Mc OCCUPAT may pluods 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent In this 20% 10. Date deceased last worked at 2 this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town (Stale or country) What test confirmed diagnosis? ...... Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in 16. BIRTHPLACE (city or town (State or country Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Should (Address) OF Manner of Injury WRITE CAUSE matton Nature of injury\_ TION 24. Was disease or injury In any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed) 20. FILED aug. (Address) \_\_\_\_

BINI

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

: death Is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:	- 1	
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

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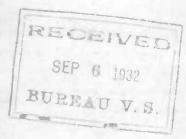
Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURLAU V. S	- 3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSI.	Co	PLACE OF DEATH  ounty Divoluster	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 1 / 0
EXACTLY, rly classified ficate.	Villa	age or City Theurlord Md (No.  2 FULL NAME not named	St.; Ward)  Collins  Ward)  If death occurred in a hospital or institution, give its NAME instead of street and amber.)
ope		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be carefully supplied ACE should be sEATH in plain terms so that it may be pry important. See instructions on back of	7 AG	MARKED WIDOWED OR DIVORCED (Write the word)  THE OF DIRTH  S  (Month)  (Day)  (Year)  If LESS than I day hrs.  wyrs	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (YEAR)  17 I HEREBY CERTIFY, That I attended the deceased from Molicul
N. B Every Item of Information should CIANS should state CAUSE OF D statement of OCCUPATION is ver	15	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  Filed  192  Rolf  Registrar	(Signed)  192 (Address)  Fulse M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  **Pulsa M.D.  20 UNDERTAKER  ADDRESS  **AUGUA**  ADDRESS  **AUGUA**  16 W. Saratoga St., Balto, Requestive V. 8 No. 1
	CIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified.	Statement of information should be carefully supplied ACE should be stated EXACTLY, PRIOR Should state CAUSE OF DEATH in pialn terms so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.	Village or City Advantage Ma (No.  2 FULL NAME Make Make Make Make Make Make Make Make

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the additional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the ployed, as At \*chool or At home. Care should be taken tion applies to each and every person, irrespective of Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is neces-Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Occupation -Precise statement of ocenpation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Furmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, nature of the business or industry, and therefore an should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. definite salary), may be entered as Housewife, Housework. or At Home, and children, not gainfully emto report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, or given up on account of the disease causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (refired 6 yrs.). For persons who have no occupation whatever, write Nonc. Statement of

Stancement of Cause of Death—Name, first, the bis-EASE CAUSLIG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report Typhoid pneumonia"); Lobar pneumonia, H. Chop.



Always qualify all diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. For violent beaths state means of injury Examples: Accidental drouvning; Struck by railway train-accident; Revolver wound of head-homicide; quences (e. g., sepsis, tetanus) may be stated under the use of "Tumor" for malignant neoplasms); Meastes; vulsions," "Debility" ("Congenital," "Senile," etc.), rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease and qualify as accinental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Poisoned by carholic acid-probably suicide. The nature of the injury, as fracture of skull, and conse-(Recommendations on statement of cause of death approved by Committee on unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory affection need not be ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Con-"Dropsy," "Exhaustion," "Heart failure," "Haemor-"PUERPERAL Septicuemia,""PUERPERAL peritonitis," etc. Nomenclature of the American Medical Association,) Whooping cough; Chronic valvular heart stated unless important. Example: Measles causing death), 29 ds.; Bronchopneumonia can be ascertained as the cause. (secondary or intercurrent) head of "contributory."

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

087	-	1
001	0	10.

1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 1
Village or City Reids else	NoSt. Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jasena Col	and the same
(a) Residence: No. (Usual place of abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Male Inhite OR DIVORCED (write the work	(d) Cevs. 24 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of  (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
(VI) WILL OI	avg 24 1932 to avg 24 1932
6. DATE OF BIRTH (month, day, and year) aug 24/8/	3 I last saw harmonive on next are all 19 ; death is said
7. AGE Years Months Days If LESS th.	
59 lay,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Then shot would
Tradustry or business in which work was dona, as SILK MILL,	head. 8/24/3
SAW MILL, BANK, etc.	
shear tai (1112	102002040
yaar) occupation	Dther Coutributary Causes of importance:
12. BFRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Sydney Was there an autopsy? 20
15. MAIDEN NAME Varafully Bell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suice Data of injury 8/24/, 1932
(State or country)	Where did injury occur? Raife Grove md.
17. INFORMANT Mrg. Morre	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Helmington N	El. Jane
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Sun Mark
Place Date Date Date 19	Nature of injury Syn Mat would be of.
19. UNDERTAKER DE TO	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Ext Yew //ackets	1 It so, specify & Da France Courses
20, FILED ang 26, 1932 H & Ranke	(Signed) John Many M.D.
Registra	(Address) Camprily my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAUVS			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

MARGIN RESERVED

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Example II

Gallstones	2261,1 yoM	silirəlnəonləni)	I year
Other contributory causes of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	LZ6I'9hinf	Peritonius	g quis ado
Chronic interstitial nephritis	1861	Run over by street car	I week ago
Arterioselerosis	9161	Hack of epilepsy	I meek ago
The principal cause of death and related causes of importance were as follows:	Jazno to etsd	of importance were as follows:	Date of onset

R

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DE
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1. PLACE OF DEATH	
County of orghestes	Registration Dist. No. //
. Village or City Lalestown	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Solm &, Warby.	<u> </u>
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR O'S SINGLE, MARRIED, WIDOWED, OR O'S VORCED (which the word)	21. DATE OF DEATH Jug 3 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
and and and and and	July 10, 1932, to day 2, 1932
6. DATE OF BIRTH (month, day, and year) VOT 16, 1856 7. AGE Years   Months   Days   If LESS then	to have occurred on the date stated above, at S. P. m.
75 0 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade potential or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chianie Miss curdelis
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this securation (work) and the securation (month and th	
SAW MILL, BANK, etc.	
Shaurini (mouth and	
year) occupation 60 gr	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) MA Sasby	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Outpersive Adams  16. BIRTHPLACE (city or town).  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≥   (State or equality)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT SENSON SENSON MEL, \$3.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Valle Journ, Date Hug 2, 1932	Nature of injury
19. UNDERTAKER F. Francisco Hag. (Address) Sharhtown, Tes	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DAL S. J. 1937 A. J. Pegistrar.	(Signed) 975 Cyllhyddy M. D.
A C V Registrar.	(Address)

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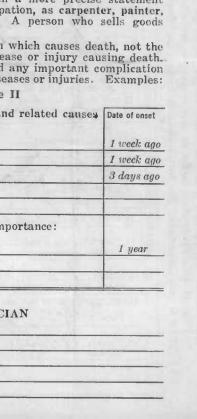
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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH pluods item of County Registration Dist. No. Village or City Jo (II death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS mos. A. ds. How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred statement ECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) classified. 5e. If merried, widowed, or diverced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above. At 1 day,\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. of back may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et on 11. Total time (veers) this occupation (month and spont in this occupation that instructions Other Contributory Causes of Importance: 89 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME See FAT 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_\_\_\_ efull OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town Ξ (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury AUSE mation LION Nature of injury 24. Wes diseese or injury in eny way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED Cing (Signed) Registrar. (Address)

(Year)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
8. 1			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08761			
1. PLA	CE OF DEATH	93-0			
Cou	inty Doceneter APRATO LIMITE	Registration Dist. No.			
Villa	age or City Cambridge	No. Dauglas St. St. Ward			
		death occurred in a hospital or institution, give its NAME instead of street and number)			
Len	gth of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mos ds.			
2. FUL	LL NAME CINNUL J.				
(a)	Residence: No. Asuglas M Cambredy (Usual place of abode)	If nonresident give city or town and State			
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED.	21. DATE OF DEATH			
1.	OR DIVORCEO (write the word)	aug 29 , 193 2			
5a. If merri	ed, widowed, or divorced	(Month) / (Day) (Yaar)			
HUSBA	AND of 60 and of faith	22. I HEREBY CERTIFY That I ettended deceased from			
	much 12 1/1/1	ang 20 ,1930, to any 27 ,1932			
	F BIRTH (month, day, and year)	I last saw h alive on any v / 193 v; death Is said			
7. AGE	Years Months Oays If LESS than I day,	to have occurred on the date stated above, et. 3:30 g. m.			
7	5 7 3 1 3 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
Z 8. Tra	kind of work done, as SPINNER,	Collegations 1921.			
9. Ind	SAWYER, BOOKKEEPER, etc.	Appellation 1921.			
do a	work was done, as SILK MILL, see to work	Mine Mysender 1938			
0 10. Dat	te deceesed lest worked at this occupation (month end spant in this	Circulat Almontage 4-10-3			
	year) 44 ys Rgo occupation				
12. BIRTHP	PLACE (city or town) Prehester Co. md	Other Contributory Causes of importance:			
	ate or country)				
13. NA	ME Geter Banks				
13. NA	THPLACE (city or town) Doublester Comed	Name of operation Oate of Oate of			
	(State or country)	What tast confirmed diagnosis? Classification Was there an autopsy?			
15. MA 16. BIR	IDEN NAME margaret Cole	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIR	RTHPLACE (city or town) Durchester Co. md	Accident, suicide, or homicide? Oate of injury, 19			
Σ	(Stete or country)	Where did Injury occur?			
17. INFORM	IANT Louis Fosler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
(Address)					
	, CREMATION, OR REMOVAL MIS. Que 31 35.	Manner of injury			
Plac	Date	Nature of Injury			
19. UNDER1	TAKER JA JA XI	24. Wes disease or injury in any way releted to occupation of deceased?			
(Ad	dress) Cambridge Mid	If so, specify			
20. FILED		(Signed) M. O.			
	Registrar.	(Address) . The full			
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. v.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CED 7 1039	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	BURRAU V.	July 5,1927	Peritonitis	3 days ogo	
	i i				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI ZIULI	LOW	LOWTHEN	OT WITH THE TANK THE	17 1	T TIT POTOTSTIA



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MARGIN RESERV	TE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	n should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	E OF DEATH in plain terms, so that it may be properly classified. Exact statement	The state of the s

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester 116 Registration Dist. No. Village or City Cambridge, Md. No. Cambridge : Maryland Hospital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Infant Foxwell (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female August White Single (Day) (Yaar) 5a. If married, widowed, or divorced **HUSBAND** of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) August 1, 1932 7. AGE Months Days If LESS than to have occurred on the date stated above, at 2 P. m. 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Still-born or .... min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. None Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10 Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation \_\_\_ Other Contributory Causes of importance: Cambridge 12. BIRTHPLACE (city or town)\_ (Stata or country) Maryland FATHER 13. NAME Waldon Foxwell 14. BIRTHPLACE (city or town) ... (State or country) . Marvland. What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy? NO\_\_\_\_ HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT 16. BIRTHPLACE (city or town). (Stata or country) Marvland. Where did injury occur?\_\_\_ (Specify city or town, county and State) Mrs. Waldon Foxwell Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) Combridge. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date August 1 1932 Nature of injury Disposed of at Hospital 24. Was disease or injury in any way related to occupation of deceased?\_\_\_No\_\_\_\_ 19. UNDERTAKER \_\_\_ (Address) Cambridge. If so, specify \_\_\_\_

Registrar.

(Signed)

(Address) Cambridge,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		6 % H 4 3 3 H 3		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 68763
1. PLACE OF DEATH	(159)
County Drochester	Registration Dist. No. 116
Village or City Cambridge	No. St Ward
Length of residence is situ as to see that	If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Sufant Harris	
(a) Residence: No. / (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH Orang. 9 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A 1022	- Not at all 19 to 19
6. DATE OF BIRTH (month, day, and year) Queg. 9-1932	I last saw h; death is sai
7. AGE Years Months Days If LESS than 1 day, — hrs. or. 3—min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Promotine Buth
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  O Date deceased last worked at this occupation (month and this occupatio	
Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Md.	
13. NAME John Henry Ward	
13. NAME John Henry Ward  14. BIRTHPLACE (city or town) Blonga-	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fuelle Harris	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Facility  16. BIRTHPLACE (city or town) Countridge.  (State or country)  M. d.	Accident, suicide, or homicide?
17. INFORMANT Midwyie (Address)	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Campidy, Date Cay 10, 1922	Nature of Injury
19. UNDERTAKER Lewis Bayneum (Address) Campridge mit	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify
20. FILED Dry. 10, 1932 ERWalf Registrar.	(Signed) Cambi age md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attock of epilepsu 1 week ago Arterioselerosis 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 yeor

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CORD. Every item o	HYSICIANS shoul	ct statement of OC	
NIC	ANENT RE	ACTLY. 1	ssified. Exa	
FOR BINI	IS A PERM	stated EX	properly cla	ertificate.
MARGIN RESERVED FOR BINDIN	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	( ) TION is very importan

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	23
County Dorchester	Registration Dist. No. // 6
Village or CityCambridge	No. Eastern Shore State Hospitaft, Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  5 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Kenneth B. Hartenstine	
(a) Residence: No. Principio Furnace, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the Single	DOWED, he word)  21. DATE OF DEATH  August 5, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from April 3, 1930, to August 5, 1932
7. AGE Years Months Days If LE	I last saw h 1malive on _August. 5,, 19.32; death is said to have occurred on the date stated above, at .7:054m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Farming  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc It. Total time (years this occupation (month and year) - Inknown cocupation. It	
12. BIRTHPLACE (city or town) Unknown (State or country) Cecil County, Md.	Other Controllery Causes of Importance.
13. NAME Peter Hartenstine  14. BIRTHPLACE (city or town). Unknown (State or country) Pa.	Name of operation Date of
15. MAIDEN NAME Sarah Jackson  16. BIRTHPLACE (city or town) Unknown (State or country) Cecil County, Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT E.S.S. Hospital Records (Address) Cambridge, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place During Turnicoste ung 71	Manner of injury Nature of injury
19. UNDERTAKER 20 A DECEMBER (Address)  20. FILED aug. 5, 19 3 2 E. E. Woeff	24. Wes disease or injury in any way related to occupation of deceased? No  If so, specify  (Signed)  (Address) Cambridge, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	0 - 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ocp 7 1000	1915	Attack of epilepsy		
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BURGAN V. S.	July 5,1927	Peritonitis .	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis "	1 year	
			. ILLEGAL DV - E2 V		

1. PLACE OF DEATH	120
county Wordlesley 1	Registration Dist. No. 1/0
Village or City There (00)	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME JOTEN I	ulvard
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the way) 5a. If married, widowed, or divorced	
HUSBAND of Mary Eveline Hubb	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NOV 5 2 18	49 Hast saw had alive on acc 17 19 372 death is sel
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at
85 9 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Q Trade profession or posticular	Date of onset
SAWYER, BDOKKEEPER, etc.	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (many) and the second in this country and the second in t	
O Date deceased last worked at this occupation (month and year)	
As DIDTIDI ACT (1)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	<u></u>
1 11 11 11 11 11	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Colfar a Collin	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jegs 91 9 45 Va. (Address) Surla Che	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Y// Reunie Date (114 70,)	Nature of injury
19. UNDERTAKER & Dr. Willough	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 12 , 1982 Rolt & Basting	(Signed) M. I
	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	SEP 6 1939	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	Harris I have been a second	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DECEINED	3 days ago
Other contributory causes of importance:		Other contributory of	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
county Horchester	Registration Dist. Np. 110
Village or City Turlos (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or Juwn where death occurredwrsmos.	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Smerson Do	inson)
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Block 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorcad HUSBAND of	22.   HEREBY CERTIFY, That } attended deceased from
(or) WIFE of	The d natio attend for
200/10/9/7	I last saw here alive on Quely 24 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5 _ A _ m, r
/// C/ 0 // 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralatad Sauses of importanca
To Toda safesia a continuo	were as follows been delamade Date of one et
8. Trade, piofassion, or particular kind of work dona, as SPINNER,	Ois and last
SAWYER, BODKKEEPER, etc.  9. Industry or businass in which	The beautiful and a start
work was dona, as SILK MILL, SAW MILL, BANK, atc	and the second of the
O TO Date daceased last worked at 11, Total time (years)	an mile Cartie of the
this occupation (month and spant in this occupation occupation	a much word ou suffering
12. BIRTHPLACE (city or town) New Hour looks	Dther Contributory Causes of importance:
(State or countyr)	
13. NAME ON SAW TOPPING	
E don	No. 10 Control of the
14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mand Lake	23. If daath was due to external causas (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17, INFDRMANT (Addrass)	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place year Hurschate USS , 1933	Natura of injury
4. BM. Soughley	24. Was diseasa or injury In any way ralated to occupation of daceased?
19. UNDERTAKER (Addrass)	If so, specify
a 1 Dayett a	(Signed) A.M. D.
20. FILEDULLA 5 , 1932 Weekel A Vesting	(Address) Nuclearly Mich

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy Run over by street car	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	y5,1927 Peritonitis	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{X}$	PHYSICIAN

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	09,291
DEATH		<u> </u>			

1. PLACE OF DEATH		( <u>A</u> )
County Dorchester		Registration Dist. No. 113
Village Dr City Meekin's Neg	CK (le	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME Stillborn J (a) Residence: No.	Tohnson	St. Ward.
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX   4 COLOR OF RACE   5 SH	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH  August 30 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE ot		22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Augus 7. AGE Years Months	Days   If LESS than   1 day, hrs.   or min.	I last saw h alive on, 19; deeth is said to have occurred on the date stated above, et m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc	11. Total time (years)	STILLBORN
12. BIRTHPLACE (city or town) Marylan (Stata or country)	occupation	Dther Cuntributory Causes of Importance:
13. NAME Russel Brisco		
(Stete or country) Maryland	•	Neme of operation Deta of What test confirmed diagnosis? Was there an autopsy? "Puo
15. MAIDEN NAME Annie Johnson  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT C CAddress)		23. If death was due to external causas (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL Place Solder full Dete	aug 30, 1932	Manner of Injury
19. UNDERTAKER JULY 20. FILED ALG 31, 1937 J. R	relation de Régistra.	24. Was disease or injury in any way related to occupation of deceased?  It so, specify  (Signed) TR. Muld Coll Right  (Address) Tall Usa Lalar defendance.
If more blanks a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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STATE O	F MARYLAND-	CERTIFICATE OF DEATH	118258
County Dorchester		Besistantian Dist. No.	12
Village or City R.F.D. V	ienna. Md.	Registration Dist. No	
	(1	NO. St.  If death occurred in a hospital or institution, give its NAME instead of street  sds. How long In U.S. if of foraign birth?yrs	and number)
2. FULL NAME Gertrude		syrsyrs	mosds.
(a) Residence: No. R.F.D.		St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE Frhite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  8/9/32.  (Month) (Oay)	, 193(Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Elmer LeCom	ote.	22. I HEREBY CERTIFY, That I atter	ndad daceasad from
6. DATE OF BIRTH (month, day, and year)	2/29/3897	I last saw han aliva on Cyry 50, 19.	32; death is sald
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on tha date stated above, at	•
84 7	8 ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralatad causas of importance ware as follows:	Oata of onset
8. Trada, profession, or particular kind of work done, as SPINNER, HOT SAWYER, BOOKKEEPER, atc	use Work	Pulmony Tupermeric	Cantre
work was done, as SILK MILL, SAW MILL, BANK, atc	X		
10. Date daceased last worked at this occupation (month and yaar)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town)  (State or country)  Maryland	1.	Othar Contributory Causes of importanca;	
L 13. NAME George H. W:	illey		
14. BIRTHPLACE (city or town) (Stata or country)  Mar	yland.	Name of operation Date What test confirmed diagnosis? Was there	of
15. MAIOEN NAME Dorothy	A. Shorter.	23. If daath was due to external causes (VIOL ENCE) fill in-also the follo	an autopsy?
O 16 RIPTHPI ACE (city or town)	yland.	Accident, suicida, or homicida? Date of injury	
17. INFORMANT Elmer LeComp (Address) R. F. D. Bic	te. enna, Md.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place East New Market		Manner of injury	
19. UNDERTAKER Granville S. (Addrass) Cambridge.	LeCompte.	24. Was disease or injury in any way related to occupation of decaasad	,20
20. FILEO Cleg /1 , 1932 El		(Signed) Jahn Musely  (Address) Cambridge	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes The principal eause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR T	CURTHER	STATEMENTS	BX	PHYSICIAN

m

1. PLACE OF DEATH  County Dorchard Line  Village or City Carebudge	No. Campride Hospitelst.	Ward
Length of residence in city or town where death occurred 20 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	ds.
(a) Residence: No. (Usuarplace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX  4. COLOR OR RACE  OR DIVORCED (write the, word)  5a. If married, wildowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Yes	
HUSBAND of Horand Zer	22. JHEREBY CERTIFY. That I ettended deceased 1932, to Compart 2019	from 32
7. AGE 2 Yeers Months Days If LESS than 1 dey,	to have occurred on the date stated above, at Z A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation (month and year)	& Palmoney Inference ?	
12. BIRTHPLACE (city or town) Christ Rock.  (State or country)	Other Contributory Causes of importence:	4.
	much my minutes /	-
13. NAME Charle W Quaring 14. BIRTHPLACE (city or town). Doubles the Co. (State or country)		24.44
15. MAIDEN NAME A War E  16. BIRTHPLACE (city or town) Dochutu Co.  (Stete or country)  17. INFORMANT Howard Xer	What test confirmed diagnosis?	
(Address)  18. BURIAL, CREMATION, OR RIMOVAL Plece Place Dete Oug 23, 19.33	Manner of injury	
19. UNDERTAKER AT M. SICLOMAN (Address) 22 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. Wes disease or injury in any way related to occupation of deceased? No	?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	ases Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUNALU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroculeritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
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Chronic interstitial nephritis	arn 7 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEL	July 5,1927	Peritonitis	3 days ago
	I Agr.,	1.0.1		
L. L.	7 10 30	and the second s		
Other contributory causes of impor	tance:		Other contributory causes of importance:	- 4 1
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

1. PLACE OF DEATH	& USTIZ
County Dr Chris	Registration Dist. No. //6
Village or City Camping	No. Cambridge Harth. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME nelligan	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	21. DATE OF DEATH
deluminal white OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	- 19 to manyt 19 32
6. DATE OF BIRTH (month, day, and year) Oury . 8-194 n	I last saw hit alive on dearl 19 death is sald
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 9 T.C.m.
- 1 dey,hrs.	the rankel ALCAUSE OF DEATH and leaded causes of hisportance
8 Trade profession or particular	Drul in rules . 5 mints Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (much and	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
13. NAME CLOSE T. Mellefare  14. BIRTHPLACE (city or town).	Name of operation Oate of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
5 15. MAIOEN NAME Sula Mul	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sula Much 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of Injury 19
17. INFORMANT Mr Clan Williegter (Address) & 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Or fruit of Oate 1, 19	Manner of injury
19. UNDERTAKER Orderly of Horft (Address) Countriles my	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Lay 9, 1832 Ellolf Registrar.	(Signed) M. D. (Address)
V Registrat.	V

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
4,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Z,	
'n	
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1. PLACE OF DEATH County Dr churla	PERPERATE LIMITE SI	Registration Dist. No.	16
Village or City Cerula	ilys	No. Cambrille Hraft. St.	Ward
Length of residence in city or town where de-		death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. if of foreign birth?yrsmoe.	
2. FULL NAME	miels		
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and St	ale
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
determined White	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	als	22. I HEREBY CERTIFY, That I attended de	ceased fro
6. DATE OF BIRTH (month, day, and year)		0. 18/15	death is sa
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated ebove, etm.	
still Prom -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Date of ons
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	my	aboutinat atour 3 moults	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
To. Dato deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)		Other Coutributory Causes of importance:	*******
13. NAME JUST	Wheeler		
13. NAME  14. BIRTHPLACE (city or town)	lul 1	Name of operation Date of	
(State or country)	Λ.	Whet test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	in Mells	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	, MMC,	Accident, suicide, or homicide? Dete of Injury	, 19
State or country)	^	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT CACO (Address)	Mells	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLAC	
18. BURIAL, CREMATION, OR REMOVAL	6 2 34	Menner of injury	
Place Nospital	Date Gug, 18, 1932	Nature of injury	
19. UNDERTAKER VISIONAL of a	whift-	24. Was disease or injury in any way related to occupation of deceased?	d
20. FILED aug . 18, 19. 32	ERWAY!	(Signed) (Address) (Address)	, / M

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Cerebral hemorrhage	SEP 7 1932	July 5,1927	Peritonitis	3 days ago	
	Desperation V. S.				
Other contributory ca	uses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health Statement of Occupation-Precise statement of oction upplies to each and every person, irrespective of fulness of various pursuits can be known. The ques-For many occupations a single word or term on Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. But in mauy cases, aspecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwithout more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeapers who receive a definite salary), may be entered as Housereife, Housework, or 11 Home, and children, not galufully employed, as At ochool or At home. Care should be taken to report specifically the occupations of persons en-Housenaid, etc. If the occupation has been changed or given up on account of the disease causing Drath, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (refired 6 yrs.). For persons who have no occupation the first line will be sufficient, e. g.. Farmer or Planter, should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, whatever, write None. er," etc.,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia," ed term for the same disease. Examples: Cercbrospinal Statement of Cause of Death-Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptfever (the only definite synouym is "Epidemic cerebro

taken. For violent dearths state means of injurr Examples: Accidental drouening; Struck by railway quences (e. g., sepsis, tetanus) may be stated under the symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhausticn," "Heart failure." "Haemor-"Uraemia," "Weakness." etc., when a definite disease diseases resulting from childbirth or miscarriage as State cause for which surgical operation was underand qualify as accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. train-accident; Revolver wound of head-homicide; Poisoned by curbalic acid-probably suicide. The na-(Recommendations on statement of cause of death approved by Committee on ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely rhage," "Inanltion," "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all "PUERPERAL Septicaemia,""PUERPERAL peritonitis," etc. ture of the injury, as frueture of skull, and conseunqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) Whooping cough; Chronic valvular heart causing death), 29 ds.; Bronchopneumonia head of "contributory."

tions answered in detail, it will prevent further correspond-ence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-





BD. V. S.—Form 2  RD. Every Item of infor-  NS should state CAUSE  of OCCUPATION is very		County Dorchester  District // 2  Town or City Vienna  2 FULL NAME James Lee Phillips	Ward Minia State Department of Health  CERTIFICATE OF DEATH  (For State Reg. use only)  No		
ECC	ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ENT	PHYS	male white 5 Single, Married, Widowed or Divorced (write the word) single	16 DATE OF DEATH (Month, day and year)  Aug, 25, 1932  17   HEREBY CERTIFY That   attended deceased from		
BINDING	ACTLY. Exact s	5a If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)	Aug/ 25 19Aug, 25, 1932 19 that I last saw h. im alive on Aug 25, 137, 19		
Are	I EX.	6 DATE OF BIRTH Dec. 5, 1931	and that death occurred on date stated above; AM. The CAUSE OF DEATH was as follows:		
RVED I	e stated	7 AGE Years Months Days If LESS than 1 dayhra. or min.	(Primary or beginning couse)  Accidental Mechanical		
	AGE should be may be properly of certificate.	8 OCCUPATION OF DECEASED  (a) Trade. profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).  (c) Name of employer	Suffocation (String of Pacifier)  (Duration) yrs. mos. de.  Contributory (Secondary or finishing cause)  (Duration) yrs. mos. ds.		
UND	at it back	9 BIRTHPLACE (city or town). Cambridge., Md (State or country)	18 Where was disease contracted,  If not at place of death?		
efully suppliterms, so the ructions on ENTS		10 NAME OF Walton R Phillips  of 11 BIRTHPLACE OF Philodolphia	Did an operation precede death? Date of:		
		FATHER (city or town)Philadelphia (State or country)  12 MAIDEN NAM Mary Thompson MOTHER	(Signed) . G. Selle Horses M. D. (Address)		
Ш	d in pl	13 BIRTHPLACE OF Hurlock, Md.  MOTHER (city or town lock, Md.)  (State or country)	19 PLACE OF BURIAL Cremation or Removai & . new market.		
B.—WRIT	mation shou OF DEATH important.	14 SIGNATURE OF Walter B. Phillips. (Address)	Oug 27-1932 hellongly & Jon		
z	TO I	15 Received ang 25, 1932 mrs R. L. honghl' hoguty Local REGISTRAR	E. New Market me-		
	1.367				

Revised United States Standard Certificate of Death (Approved by U. S. Census and American Public Health Association)

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary) may be entered as Housekeite, Housework, or At home and children not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, at Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the Discass. sons who have no occupation whatever, write None CAUSINO DEATH, state occupation at beginning of illness. If retired from business, that fact may be incleated thus: Farmer, (retired 6 years). For perexamples: (a) Spinner, (b) Ootton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Labor—Ooal (b) the nature of the business or industry, and therefore an additional line is provided for the latter er, Physician, Compositor, Architect, Locomotive engistatement; it should be used only when needed. many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also neer, Oivil engineer, Stationary freman, etc. the first line will be sufficient, e. g., Farmer or Planttion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of occupation.-Precise statement of oc For many occupations a single word or term on But in

Example: #Coma," "Convulsions," "Debility" nephritis, etc. The contributory (secondary or inter-current) affection need not be stated unless important. (avoid use of "Croup"); Typhold fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, peritoneum, meninges, etc. spect to time and causation), using always the same Example: Measles (disease causing death) malignant neoplasms); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitud Carcinoma, Sarcoma, etc., of ...... (name ori: "Cancer" is less definite; avoid use of "Tumor" Cerebrospinal fever (the only definite synonym "Epidemic cerebrospinal meningitis"), Diphther accepted term Statement of cause of death.-Name first the DIS-CAUSING DEATH (the primary affection with for the same disease. Whooping cough, (name origin; Diphtheria Examples TOL

> nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associasuch, from childbirth or miscarriage, as Puerreeal septi-cemia," "Puerreal peritonitis," etc. State cause for ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weak tion.) Poisoned by train—accident; Revolver wound of head—homicide; ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJUST and qualify which surgical operation was undertaken. at the cause. ness," etc., when a definite disease can be ascertained if impossible to determine definitely. Accidental carbolic acid-probably suicide. Always quality all diseases resulting drowning; struck or Homicidal, or as probably NO railway FOI VIO HXam-

See instructions on back of certificate.

TION is very important.

V. S. No. 1

County Parkers   Registration Dist. No.	1. PLACE OF DEATH	———(21)
Village or City Canada March (I death occurred in a lytical are antitioning, sine its PME install of retest and aumbber)  Length of rasidance in city or town where death occurred (in a lytical and in the control of treet and aumbber)  2. FULL NAME  (a) Residence: No.  CUMBIPACE (I or Committed and Committed a	County Doubish	Registration Dist. No.
Length of raidance in city or town where death occupied.  2. FULL NAME  (a) Residence: No.  (b) Livering of shocks  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, ORD DIVYRCED (engists word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. Years  Months:  1. Troits profession, or particular engine on the data stated above, at. 12. m. 193.  2. FURTHERACE (city or town)  (State or country)  1. STANDER  1. Troits profession, or particular engine on the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine on the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine on the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession, or particular engine of the data stated above, at. 12. m. 193.  2. BIRTHPLACE (city or town)  (State or country)  1. Troits profession or particular engine or particular engine or particular engine or particula	Village or City Canalandar M.	No Maryland Hospital St Ward
2. FULL NAME  (a) Residence: No.    Linking of about 1	Length of rasidance in city or town where death occurredyrsmos.	death occurred in a hapital or institution, give its NAME, instant of street and number) ds. How long In U.S. If of foraign birth?vrsmosds.
(a) Residence: No.  (Chrainfylog of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE OR DIVORCED (orgistable word)  Sammirad, wildowed, or divexced (OR) DIVORCED (orgistable word)  Sammirad, wildowed, or diverced (OR) DIVORCED (orgistable word)  Sammirad, wildowed, or	2. FULL NAME Riginald Golds	formal Phillips.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE OR DIVORCED (**grisch word) OR DIVORCED (**grisch w		1-St Ward
2. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED  OR DIVORCED (wys.) the word)  OR DIVORCED (wys.) the word)  22. I HEREBY CERTIFY. Thet I attended decassed from 19.3. to 20.5 the said to have occurred on the data stated above, at. I	(Usual place of abode)	
OR DIVORCED (writes) how word)  Amarined, wildowed, or divorced (Month)  (Day)  (War)  (Wonth)  (Day)  (War)  (Wonth)  (Day)  (Yar)  (Wonth)  (Wonth)  (Day)  (Yar)  (Wonth)  (Day)  (Wonth)  (Day)  (Yar)  (Wonth)  (Day)  (Yar)  (Wonth)  (Day)  (Wonth)  (Wonth)  (Wonth)  (Wonth)  (Wonth)  (Wonth)  (Day)  (Wonth)  (Wont		
15. Ante of Birth (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  8. Trede, profession, or particular kind of work done, es. SPINNER, SAWER, BDOKKEFER, et.  10. Date Of Birth (month, day, and year)  8. Trede, profession, or particular kind of work done, es. SPINNER, SAWER, BDOKKEFER, et.  10. Date Of Birth (month, day, and year)  10. Satisfaction of particular kind of work done, es. SPINNER, SAWER, BDOKKEFER, et.  10. Date General set worked at this occupation (month) and span occupation.  11. Total tima (years) span in this occupation (month) and span occupation.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURNAL, CREMATION, DR REMOVAL  Place Address of the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated on the data stated abova, at. A. m.  19. death is said to have occurated abova, at. A. m.  19. death is said to have occurated abova, at. A. M.  19. death is said t	OR DIVORCED (write the word)	any 5 1932
Cor) WIFE of  DATE OF BIRTH (month, day, and year)  Date of BIRTH (month, day, and year)  AGE Years Months Deys I ILESS than 1 day,	5a Af marriad, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  I day,	(or) WIFE of	and it as an
7. AGE  Years  Months  Deys  If LESS than  1 day,	6. DATE OF BIRTH (month, day, and year) 1 3 19 23	aucht 22
8. Trede, profession, or particular kind of work done, as SPINNER, SAWER, BODKKEPER, etc.  10. Date donesed by SPINNER, SAWER, BODKKEPER, etc.  11. Total tima (years) span in this occupation (month and years) span in this occupation (month and years).  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  18. BURTHPLACE (city or town) (State or country)  19. Was there an autopsyr. M.  20. FILED MURL  19. Date of oneset  11. Total tima (years) span in this occupation  12. Date of oneset  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What tast confirmed diagnosis? The office of injury was there an autopsyr. M.  22. If death was due to external causes (VIDLENCE) fill in elso the following:  Accidant, suicide, or homicide? M. Date of injury in any way related to occupation of decasead? M.  19. Whater of injury  19. UNDERTAKER  (Addrass)  20. FILED MURL  20. FILED MURL  21. Georgian  (Addrass)  Cambridge  (Addrass)  Cambridge  (Addrass)  Cambridge  (Addrass)  Cambridge  (Addrass)  Cambridge  M. D.  (Addrass)	The state of the s	1 2
Neme of operation of country)  Birtede, profession, or particulary  SANYER, BDONKEPER, etc.  SANYER, BDONKEPER, etc.  SIDUATE OF Country  Date of cecessed lest worked at this occupation (month and year)  11. Total tims (years)  Spant in this occupation (month and year)  Date of country  Birthplace (city or town)  (State or country)  What tast confirmed diagnosis?  What tast confirmed diagnosis?  What tast confirmed diagnosis?  What tast confirmed diagnosis?  Accidant, suicide, or homicide?  Specify whather Injury occurred in INDUSTRY, in MDME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER  (Addrass)  Addrass  Cambridge  M. D.  Regimen.  (Addrass)  Cambridge  M. D.  (Signed)  M. D.  (Addrass)		wara as follows:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  19. 32  10. FILED Aug. 6, 19. 32  10. FILED Aug. 6, 19. 32  10. The filed of the following is an approximate to the following:  10. Specify  11. Specify  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. 32  19. 32  19. 32  19. 32  19. 32  19. 32  20. FILED Aug. 6, 19. 32  20. FILED Aug. 6, 19. 32  20. FILED Aug. 6, 19. 32  20. GARDEN  Manner of Injury (Signed)  M. D.  (Address)	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Deffine Pelnic Pontinitis
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  19. 32  10. FILED Aug. 6, 19. 32  10. FILED Aug. 6, 19. 32  10. The file of the following is and the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis of the file of the following is an analysis o	Andustry or business in which work was done, as SILK MILL.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  19. 32  10. FILED Aug. 6, 19. 32  10. FILED Aug. 6, 19. 32  10. The filed of the following is an approximate to the following:  10. Specify  11. Specify  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. 32  19. 32  19. 32  19. 32  19. 32  19. 32  20. FILED Aug. 6, 19. 32  20. FILED Aug. 6, 19. 32  20. FILED Aug. 6, 19. 32  20. GARDEN  Manner of Injury (Signed)  M. D.  (Address)	SAW MILL, BANK, etc	
Description of the properties of the position of the properties of the p	Spant in this	
What tast confirmed diegnosis? Was there an autopsy? Was there an	12. BIRTHPLACE (city or town)	
What tast confirmed diegnosis? Was there an autopsy? Was there an	13. NAME altert G. Phillips	
What tast confirmed diegnosis? Was there an autopsy? Was there an	14, BIRTHPLACE (city or town)	Neme of operation of fearlesling Date of aught 1980
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMDVAL Place (Address)  19. UNDERTAKER (Addrass)  20. FILED Aug. 6, 19 32  CREMETER (Address)  Accidant, suicide, or homicide?  Whera did injury occur?  (Specify city or town, county and State)  Specify whather Injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was disaase or Injury in any way related to occupation of decaasad?  If so, specify (Signed)  (Address)  (Address)  M. D.  (Address)	(State or country)	
16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR REMDVAL  Place  (Addrass)  19. UNDERTAKER  (Addrass)  20. FILED Aug. 6, 19. 32  (Address)  Accidant, suicide, or homicide?  Whera did injury occur?  (Specify city or town, county and State)  Specify whather Injury occurrad In INDUSTRY, In HDME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  24. Was disaase or Injury in any way related to occupation of decaasad?  If so, specify  (Signed)  (Address)  (Address)  (Address)  M. D.  (Address)	15. MAIDEN NAME In Philips	23. if death was due to external causes (VIDL ENCE) fill in elso the following:
17. INFORMANT And Address)  18. BURIAL, CREMATION, DR REMDVAL Place training trule Date And 7, 19-32  19. UNDERTAKER (Address)  20. FILED Aug. 6, 19-32  Cambridge Manner of Injury in any way related to occupation of decaesad? 10. (Signed)  (Specify city or town, county and State)  Specify whather Injury occurrad In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whather Injury occurrad In INDUSTRY, In HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury  24. Was disease or Injury in any way related to occupation of decaesad? 11. (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)	0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMDVAL  Place Trans Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Natura of injury  19. UNDERTAKER (Address)  20. FILED Aug. 6, 19. 32  Careful (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	(State or country)	
Placa tricking Gruh, Date arg 7, 19.32  19. UNDERTAKER (Addrass)  24. Was disaase or Injury in any way related to occupation of decaasad? 32.  25. FILED arg. 6, 19.32  26. FILED arg. 6, 19.32  27. FILED arg. 6, 19.32  28. Registrat.  (Address)  (Address)  (Address)		Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
19. UNDERTAKER Lank E. Allange .  (Addrass)  24. Was disaase or Injury in any way related to occupation of decaasad? 22.  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)	7:1:1	Manner of injury
20. FILED aug. 6, 19 32 Ether Registrat.  (Addrass)  If so, specify (Signed)  (Address)  (Address)  (Address)  (Address)	Placa Place Date Ling 1932	Natura of injury
20. FILED aug. 6, 19 32 Etherolf (Signed) Ly State M. D. (Address) Cambrille M. D.		
		(Signed) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

V. S. No. 1

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,	Every	CIANS	ement	1
	RD.	YSI	stat	-
,	RECO]	7. PH	Exact	
	DERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	y classified. Exact statement of OCCUPA-	
	E	国	>	te.

ru	e pullon s	STATE OF	F MARY	LAND-	CERTIFICATE OF DEATH
1.	County Dore		PORPORATE L	I be sm.	(84)
			7.5	7	Registration Dist. No. 116
	Village or City	ambridge	, Maryla		No. Cambridge Md. Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in	city or town where dee	eth occurred		ds. How long in U.S. if of foreign birth?
2	FULL NAME				
	(a) Residence: No.	Golden	Hill, M	d.	St., Ward.
	BEDCONAL	ND CTATICTIC	(Usual place of		If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
3. S		OR OR RACE S	S. SINGLE, MARRIE		21. DATE OF DEATH
3, 0	Male	White	OR DIVORCED (	rurite the word)	August I7
5a.	If married, widowed, or di		./		(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	x	V		22. I HEREBY CERTIFY, Thet I ettended deceesed from
		1/7	12/1880		1
6. D	ATE OF BIRTH (month, d	ay, end yeer) *±/-	Deys	If LESS than	l lest saw halive on, 19; death is sail to heve occurred on the dete stated ebove, et 8 • 35 A. M. •
** 7	52	4	=	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
_1				ormin.	were as follows:  Date of onse
OCCUPATION	8. Trede, profession, or kind of work done SAWYER, BOOKKI	e, as SPINNER, Fall EEPER, etc. Fall	rmer		Gestal shat want on
PAT	9. Industry or business work was done, a: SAW MILL, BANK	in which SILK MILL,	meym		ceppea abdamen
2	SAW MILL, BANK		11. Total time	(vears)	11 ) 5 Days 7
0	this occupetion (m		11. Total time spent i occupe	n this X	Jeneral Clever studies 3000
	DIRTURE & CF (silvers bound			/	Other Contributory Causes of importence: This was an assistent, the pistal Bring
16.	(State or country)	Maryland	•	································/	in the Londs of Lone Phillips
ER	13. NAME John	R. Phil	lips.		April July 100
FATHER	14. BIRTHPLACE (city or	town)			Name of operation Dete of
-	(State or country)		and.		What test confirmed diegnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME	Mary Bur	ton.		23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
101	16. BIRTHPLACE (city or	town)	6 m d		Accident, suicide, or homicide?, 19,
2	(State or country	<del></del>			Where did injury occur? (Specify city or town, county and State)
17.		amees E. ] Holden Hi		•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR Plece Hoopers	REMOVAL S Island,	Date 8/	20/32.	Manner of injury
10	undertaken Gran	ville S.	LeCompt	e.	24. Wes disease or Injury in any way releted to occupation of deceased?
19.	(Address) Ca	mbridge	Marylar	id.,	If so, specify new
20	FILED \$/20	1932 (9/1	Mull	fores	(Signed) IN Toullaw M.
20.		, 20	1	Registrar.	(Address) Gotour

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	logara.	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
. 1		
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00160
County Dorchester	Registration Dist. No.
Village or City V Erma 2ml	NoSt., Ward
(If Length of residence in city or town where death occurredyramos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
Maria Sala Maria	4011
2. FULL NAME Water VIII	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SLUGGE SLUGGE SLUGGE OF THE COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAY 12 1914	I last say har alive on acc 21 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 a.m.
17 18 Moto 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Data of one et
SAWYER, BDOKKEEPER, etc. 4000000000000000000000000000000000000	Suberculous of
work was done, as SILK MILL, Aur lum luml	Lungs.
S. Hade, professing, or particular to the professing of the profes	
12. BIRTHPLACE (city or town) Vienna Sig.  (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town). Colla Q. allino.	
14. BIRTHPLACE (city or town) Coda Co attimo	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ala a assertion of the Birthplace (city or town) Maryland	23. If daath was due to external causas (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mayland (State or country)	Accident, suicide, or homicide?
17. INFORMANT John W Trufact	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of Injury
Place Needs Gara Date ary 24, 1932	Nature of injury
19. UNDERTAKER A Williams Like (Address) Garaft Manual David Control of the Contr	24. Was disease or injury In any way related to occupation of deceased?
20. FILED ang 23, 1927 / S Park  Registrar.	(Signed) M. D.  (Address) Automatic Teacher  (Address) M. D.
Regular.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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V. S. No. 1 N. B.—

1	S L PLACE OF DEAT		F MAR	YLAND—	CERTIFICATE OF DEATH	8779
		chester			Registration Dist. No.	116
	Village or City Cambridge, Maryland				Gaslera Show State Hospita, death occurred in a hospital or institution, give its NAME, instead of street and	Ward I number)
	Length of residence in cit	ty or town where	death occurred1	.7_yrs3mos	8ds. How long in U.S. if of foreign birth?drs	mosds.
2	. FULL NAME	Nora M.	Powell			
	(a) Residence: No	Princes	S Anne, M		St., Ward.  If nonresident give city or town ar	nd State
	PERSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		R OR RACE	5. SINGLE, MARE OR DIVORCED Single	(write the word)	21. DATE OF DEATH  August 26 (Month)	, 1982
5a.	If married, widowed, or divo HUSBANO of (or) WIFE of	rced			22. I HEREBY CERTIFY. Thet lattende April 3, 19 30, to August 26,	d deceesed from
6.	DATE OF BIRTH (month, day	, and yea May	20, 1880		l last saw h.Gr. elive on August 26,, 1932	; death is said
7.	AGE Years	Months	Days	If LESS than I day,krs.	to have occurred on the date stated above, at 2:40A .m.	
	52	3	6	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trede, profession, or program kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 6 10. Oate deceesed lest work	as SPINNER, PER, etc which SILK MILL, etc ked at	None None		Chronic interstitial nephritis	About 2 yrs.
_	this occupation (mo year)  BIRTHPLACE (city or town)	Princes	span occu	etin this	Other Contributory Causes of importance:	
~	(State or country)	Md.			Chronic myocarditis	About.
FATHER		Tames H.				l yr.
FAT	14. BIRTHPLACE (city or to (State or country)		ess Anne		Neme of operation Oate of	
R	15. MAIDEN NAME		lia Miles		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or to (State or country)				23. If death wes due to external causes (VIOL ENCE) fill in elso the followl  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17	. INFORMANT E.S.S. (Address) Can	Hospital			(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC F	PLACE,
18	BURIAL, CREMATION, OR F		Mode 8/	27/32,	Menner of injury	
19. UNOERTAKER Granville Sa Le Compte.  (Address) Cambridge Maryland.  20. FILED Aug. 26, 19 32 E. E. Weff				nd.	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Cambridge, Mo	vil M. D.
-		76	blanks are word I	Kegistrar.	(Address) Cambridge, Mo	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DURLY OF VESS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

12	8	-1	6	4.3	
U	0	6	0	U	

1. PLACE OF DEATH	ni-a
County Naienester	Registration Dist. No. 1/0
Village or City Harlwek (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bellie ann Ruherson	<b>\</b>
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Yonth)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from 20, 19 32 to 19
6. DATE OF BIRTH (month, day, and year) Oug - TH 932  7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at Lam.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Lectored Date of onset
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country)  (State or country)	Other Ceatributery Causes ol importance:
13. NAME Justinound sel	
13. NAME unflowered set  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Roberson  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?
17. INFORMANT Query: Smullen (Address) Hulth Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Skinners Run Date aug 21, 1932	Manner of injury
19 UNDERTAKER Avery: mullen (Address) Fluitvek Ing	24. Was disease or injury In eny way related to occupation of deceesed?
20. FILED 8/21 , 1932 Rolot L. Hastings	(Signed) M. D.  (Address) Authority Prof.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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9.--The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. State In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

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of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallstones	8281,1 yo M	Gastroenteritis		I year
Other contributory causes of importance:		Other contributory cause	ses of importance:	
		*		
Cerebral hemorrhage	LZ61'gfinf	Peritonitis		g quis ado
Chronic interstitial nephrilis	1261	Run over by street car	Otto a marine les	I week ago
Arterioselerosis	9161	Attack of epilepsy	Alex 6 1995	I week ago
The principal cause of death and related causes of importance were as follows:	Jasno to assd	The principal cause of of a safe as for	follows:	Date of onset
Example 1		ब ।	Example II	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Balimore, Requesting V. S. No. 1.

S. No.

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Chronic interstitial nephritis 1939	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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iten	sho	Jo	
J. Every	SICIANS	atement	
KECOKI	. PHY	Exact st	
KMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate.
HIS	be	pe	Jo
KI-T	plnous	t it may	s on back
i b	GE	ha	=
UNFADING IN	upplied. AGE	terms, so tha	e instruction
Y, WITH UNFADING IN	arefully supplied. AGE	H in plain terms, so tha	rtant. See instruction
LAINLY, WITH UNFADING IN	ould be carefully supplied. AGE	F DEATH in plain terms, so tha	ery important. See instruction
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	10N is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFIC	ATE	OF	DEAT	Н
				0			

1.	-	14,		6
0	0	1	ũ	1

1. PLACE OF	DEAT	'H ^	ITHIR CORP.		(122 g)		,
County	Dor	chester	C	PRATE LIMITE .	),	Registration Dist. No.	116
						St.,itution, give its NAME instead of street and if of foreign birth?rrs	numbar)
					Since and a since	TVI IVIOLET BITTIES CONTROL OF THE PROPERTY OF	10303.
2. FULL NAP			TICE T	Small.	1 St., Ward.		
(a) Resident	e. No		(Usual plac	e of abode)	L Su Wale.	If nonresident give city or town and	State
	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR	te con race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Month) (Oay)	, 193.2 (Year)
5a. If married, widowe HUSBAND of	ed, or divor	ced					
(or) WIFE of  6. DATE OF BIRTH (17. AGE Year	month, day,		June 2 Days 2	8 1982 If LESS than 1 day,hrs.	I last save 25 alive on to have occurred on the date st. The PRINCIPAL CAUSE OF DE	A A.	deceased from 10, 1922.
_   8. Trade, profes				ormin.	were as follows:		Date of onset
9. Industry or to work was SAW MILI	dona, as SI L, BANK, et	LK MILL, c ed et th and	11. Total	Nurse. time (years) antin this supation		Fortunal in	Aug 28
12. BIRTHPLACE (city		N.	1.		Lafaro ton		1951
13. NAME	Cha	rles W	Small	•			
13. NAME 14. BIRTHPLACE (State or		vn)]	ld.			Date of Was there an	1.
15. MAIOEN NAM 16. BIRTHPLACE (State or  17. INFORMANT (Address)	(city or tow	rs. El	Va.	addella	23. If death was due to externel of Accident, suicide, or homicide?	causes (VIOLENCE) fill In also the followin	g: , 19
18. BURIAL, CREMATI		MOVAL	idge, M		Manner of injury Nature of injury		
19. UNDERTAKER (Address) 20. FILED Aug	C	ambrid	Albaug ge, Md.	h.	24. Wes disease or injury In any If so, specify (Signad)	way related to occupation of daceased?	210 M.D.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy •	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	*	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Auto managed all languages	
	1915 1921 July5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

state JPA.	1. PLACE OF
CCL	County &
should of OCC	Village or City
•	Length of residen
SICIANS	2. FULL NAMI
SIC	(a) Residence:
oHY st s	PERSONAL
Exa	3. SEX 4
LY.	not determed
ACTL assifted.	5a. If married, widowed, HUSBAND of (or) WIFE of
E X cls	6. DATE OF BIRTH (mo
ed erly ficat	7. AGE Years
stat prop erti	Still
be lo	8. Trade, professio kind of work SAWYER, BO
	9. Industry or busing work was do
should it may n back	SAW MILL, I
AGE that one one or	this occupati
A(	12. BIRTHPLACE (city of
ed. 18, s truc	(State or country
pplied erms, instr	13. NAME
su in t	14. BIRTHPLACE (ci
ully pla	15. MAIDEN NAME
aref H in	16. BIRTHPLACE (cit
ATI npo	∑ (State or cou
should be carefull; OF DEATH in pl. s very important.	17. INFORMANT
hou OF ver	(Address) 18. BURIAL, CREMATION
SE SE	Place Cars
CAUSE TION i	19. UNDERTAKER (Address)
	20. FILED any 18

1. PLACE OF DEATH		<u> </u>
County Dordust		Registration Dist. No. // G
Village or City Counh	idge RIF.D	ND. St War
Langth of rasidance is situ as town wh		It death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wh		sds. How long in U.S. If of foreign birth?yrs,mos
2. FULL NAME	Stanler	
(a) Residence: No Camb	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
set delived Colord	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTIS /	aux. 17-1932	
DATE OF BIRTH (month, day, and year)  AGE Years Months	Days If LESS than	I last saw h alive on
Still-from	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	ormin.	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	non	abortion (Ouna not/Genon)
9. Industry or business in which		
s. Awyer over done, as SPINNER, SAWYER, BOOKKEPER, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	occupation	Other Contributory Causes of importance:
Z. BIRTHPLACE (city or town)	7.	
1	Stanley-	
	second-	
(State or country)	nd	Name of operation
	mortions	What test confirmed diagnosis?
	V . Total Control	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	und.	Accident, suicide, or homicide?
On in	Strulen	Where did injury occur? (Specify city or town, county and State)
(Address) Cambrio	lge, md. R. F.D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	20	Manner of injury
Place Carubidge R.	Date dry 18 ,1932	Nature of injury
9. UNDERTAKER Corolell (Address) Cambi	Stanley	24. Was disease or injury in any way related to occupation of deceased?
0. FILED any 18, 192 L	Eseroly	If so, specify (Signed)  (Signed)  (Signed)  (Signed)
The second secon	Registrar.	(Address) autidge Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE RES

County Borclester	Registration Dist. No. 1/6
Village or City Carulande	No. Care War death occurred in a horpital or institution, give he NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	1 /
FULL NAME Infant Will	200
111-1-12	Mare.
(a) Residence: No. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced	
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fi
8/1/27	I lest saw h a alive on next cox ace, 19 ; death is
DATE OF BIRTH (month, day, and year)  AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
Sully 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	54.10 6-20
0 leductry or husiness in which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc	(Cave Luchum)
0. Oate deceased last worked at this occupation (month and year)	
year) occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) full (State or country)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
INFORMANT Berning Jajohan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hurlack, Mar.	
BURIAL, CREMATION, OR REMOVAL Place Hurlock and Oate Gluz 5, 1932	Manner of Injury
UNOERTAKER Chas Wilson	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Authors, Md.	

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	Example I	K	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OSD 7 1032	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	THE COURSE	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year